ARIZONA STATE DEPARTMENT OF HEALTH STATE FILE NO. DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH BIRTH NO. REGISTRAR'S NO. I. PLACE OF DEATH B. LENGTH OF STAY 2. USUAL RESIDENCE (WHERE DECEASED LIVED. COUNTY IF INSTITUTION: RESIDENCE BEFORE ADMISSION) IN THE TOWN ት ያነ ^^Rቻንታላ F OF DEATH rs& state Arizona B. courraham C. CITY TO IN CITY LIMITS C. CITY IN CITY LIMITS nΒ TOWN Pima Pima OUTSIDE CITY LIMITS TOWN OUTSIDE CITY LIMITS RESIDENCE D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET D. STREET (IF RURAL, GIVE LOCATION) HOSPITAL OR 3 mile South. Pima. Ariz. ADDRESS mile south. Pima. Ariz. INSTITUTION 3. NAME OF (FIRST) (MIDDLE) (LAST) 4. SEX | 5. COLOR OR RACE | 6A. MARRIED, NEVER MARRIED. DECEASED WIDOWED, DIVORCED (SPECIFY) Ethlon Genevieve Saline (TYPE OR PRINT) Female. White | Married 6B. NAME OF SPOUSE 7. DATE OF BIRTH 8. AGE (IN YEARS | IF UNDER I YEAR | IF UNDER 24 HRS. | 9A. USUAL OCCUPATION (GIVE KIND OF LAST BIRTHDAY) DAY YEAR MONTHS DAYS WORK DURING MOST OF LIFE EVEN IF RETIRED HOURS MIN. James L. Saline Feb. DECEDENT 1877 78 Housewife 10. BIRTHPLACE (STATE 9B. KIND OF BUSI-11. CITIZEN OF WHAT 12. WAS DECEASED EVER IN U. S. ARMED FORCES? [13. SOCIAL SECURITY **PERSONAL** NESS OR INDUSTRY OR FOREIGN COUNTRY) COUNTRY? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Utah U.S.A. DATA 14A. FATHER'S NAME 148. BIRTHPLACE 15A. MOTHER'S MAIDEN NAME 15B. BIRTHPLACE (STATE OR COUNTRY) (STATE OR COUNTRY) Moses Cluff New Hampshire Rebecca Langman England ADDRESS 17. DATE (MONTH) (DAY) (YEAR) Pima. Arizona DEATH Mav 2nd 1955 18. CAUSE/OF/DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN ENTER ONLY CAUSE PER ONSET AND DEATH I. DISEASE OR CONDITION CARCINOMETOUS DIRECTLY LEADING TO DEATH\$ CAUSE TTHIS DOES NOT MEAN THE **ANTECEDENT CAUSES** OF MORBID CONDITIONS, IF ANY. MODE OF DYING, SUCH AS DUE TO (B). HEART FAILURE, ASTHENIA. GIVING RISE TO THE ABOVE DEATH ETC. IT MEANS THE DISEASE. CAUSE (A) STATING THE UN-DUE TO (C) L. (EM 18) INJURY, OR COMPLICATION DERLYING CAUSE LAST. WHICH CAUSED DEATH. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT HOT PLACE DISEASE CONTRACTED. RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION PERATIONS. A 20. AUTOPSY? Nov **AUTOPSY** NO A YES [] 19 /14 THAT I LAST SAW THE DECEASED **MEDICAL** 19.43 ... AND THAT DEATH OCCURRED AT_ 7:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. RTIFICATION -22A. SIGNATURE (DEGREE OR TITLE) 22B. ADDRESS 22C. DATE SIGNED UU.B 23B. PLACE OF INJURY (E.G., IN OF A OUT HOME, FARM, FACTORY, STREET, OFFICE PLDG., ETC.) 23A. ACCIDENT (SPECIFY) (STATE) DEATH SUICIDE HOMICIDE DUF TO NATURAL CAUSE **EXTERNAL** 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) 23E, INJURY OCCURRED I 23F, HOW DID INJURY OCCUR? VIOLENCE WHILE AT NOT WHILE YAULŪI AT WORK 24A. CORONER'S SIGNATURE 24B. ADDRESS 24C. DATE SIGNED CORONER'S RTIFICATION 25C. NAME OF CEMETERY OR CREMATORY 25A. BURIAL X 258. DATE 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) FUNERAL/2 CREMATION [May 4, 1955 Pima Cemetery Arizona Pima. RECTOR REMOVAL [27A. FUNERAL DIRECTOR SEGM 26A. DATE REC. | /26\$. REGISTRAR'S SIGNATURE AND 278. ADDRESS BY LOCAL REG. REGISTRAR Safford Ariz. FORM VS-Z REV. 6-1-53 AMPCO 70385 / ونيان المعمودة والمقطعة فلانتها والمراجع والمراجع والمنافعة والمنافعة والمنافعة والمراجع المراجع المراجع المراجع